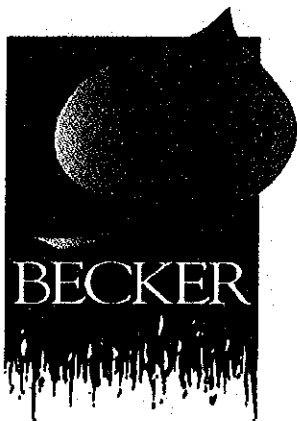


Date Received: _____

Received By: _____



Minnesota's Best
Kept Secret

City of Becker Employment Application

Return To:
City of Becker
Attn: HR Office
P.O. Box 250
Becker, MN 55308

Ph: 763.261.4302
Fax: 763.261.4411

Applicant Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: (H) _____ (W) _____

Position Applied For: _____

We welcome you as an applicant for employment with the City of Becker, MN. Your application will be considered with others in competition for the position in which you are interested. It is the strict policy and intent of the City of Becker to provide equal opportunity employment to all persons, regardless of race, color, creed, religion, national origin, marital status, sex, sexual or affectional orientation, disability, age, or status with regard to public assistance.

AA/EEO Employer

APPLICATION FOR EMPLOYMENT

(Please print or type)
Personal Information

Date: _____

Are you a United States citizen? Yes _____ No _____
(Verification will be required.)

Are you 18 years of age or older? Yes _____ No _____

▼ EDUCATION

School	Name, City & State of School	Course of Study	Last Year Completed	Degree Awarded
High School				
Technical				
College				
Advanced Degree				

▼ LICENSES AND CERTIFICATES

Please list any other licenses that are pertinent to the position you are applying to, including drivers license. Enclose a photocopy with your application form.

Type of License or Certificate	Licensing Agency	Expiration Date	License Number
1)			
2)			
3)			
4)			

▼ EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

Employer: _____ Are you currently employed? _____

If not currently employed, why not? _____

Dates of Employment: _____ Address: _____

Phone: _____ Supervisor Name/Title: _____

Last Rate of Pay: _____ Why did you leave: _____

Job Title/ Brief Description of Duties and Responsibilities: _____

PREVIOUS EMPLOYER

Employer: _____ Reason for leaving? _____

Dates of Employment: _____ Address: _____

Phone: _____ Supervisor Name/Title: _____

Last Rate of Pay: _____ Why did you leave: _____

Job Title/ Brief Description of Duties and Responsibilities: _____

PREVIOUS EMPLOYER

Employer: _____ Reason for leaving? _____

Dates of Employment: _____ Address: _____

Phone: _____ Supervisor Name/Title: _____

Last Rate of Pay: _____ Why did you leave: _____

Job Title/Brief Description of Duties and Responsibilities: _____

▼ PROFESSIONAL REFERENCES

List people who know you well, preferably within a work environment. No relatives, please.

Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Occupation: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby give my permission to contact the employers listed above regarding my prior work experience.

Signed _____

If there is an employer whom you would not like us to contact, please indicate which one(s). _____

▼ DATA PRIVACY NOTICE

In accordance with the Minnesota Government Data Practices Act, the City of Becker is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. Minnesota Statutes 130.04 and 13.43 are two sections that govern what affects you as an applicant for employment with the City of Becker. All data collected is considered private except for the following:

- (1) Your veteran's status.
- (2) Relevant test scores.
- (3) Your rank on our eligibility list.
- (4) Your job history.
- (5) Your education and training.
- (6) Your work availability.

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of the City of Becker. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data available is available only to you, appropriate City employees, and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment that is not designated in this notice as private data.

Except for race, sex, age, and disability rate, the information you give us about yourself is needed to identify you and to assist the Becker Assistant City Administrator's Office in determining your suitability for the position which you are applying. Race, sex, age, and disability data are used in summary form by the City of Becker to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Privacy Practices Act.

Applicant's Printed Name: _____

Applicant's Signature: (X) _____

Date: _____

▼ VETERANS PREFERENCE

The eligibility requirements for veterans preference are listed below. Read them carefully to see if you qualify. If you do wish to receive preference, be sure to complete this section. Anyone eligible receiving a monthly veteran's pension based exclusively on length of service is not eligible. Providing the information in this section is voluntary. You must do so if you wish to obtain the preference.

Veteran Eligibility for Open Competitive Position (5 points)

Must be a U.S. citizen or resident alien who has separated under honorable conditions:

- (1) After serving on active duty for 181 consecutive days, or
- (2) By reason of disability incurred while serving on active duty.

Disabled Veteran Eligibility for Open Competitive Position (10 points)

Must have a compensable service connected disability as adjudicated by the United States Veterans Administration or by the Retirement Board of the several branches of the armed forces and the disability must exist at the time the preference is claimed.

Disabled Veteran Eligibility for Promotional Position (5 points)

Must, at the time of election to use preference, be entitled to disability compensation for a permanent service-connected disability rated at 50% or more and the position for which you are applying must be the first one promotion after entering public employment.

Eligibility as a Spouse of Deceased or Disabled Veteran

Must be a spouse of either a deceased veteran or the spouse of a disabled veteran who, because of a disability, is unable to qualify for the position due to his/her disability and who would have or does meet the criteria for one of the above-listed preferences.

ALL APPLICANTS CLAIMING VETERANS PREFERENCE MUST ATTACH A COPY OF HIS/HER FORM DD214.

For V.A. use only: Is the veteran named below rated as having a compensable service-related disability: NO Yes % of Disability: _____

By: _____ Date: _____

Name: _____

Under which category are you seeking Veteran's Preference?

- Veteran Eligible for Open Competitive Position
 Disabled Veteran Eligibility for Open Competitive Position
 Disabled Veteran Eligibility for Promotional Preference
 Eligibility as a Spouse of a Deceased or Disabled Veteran

(Please explain why your spouse is not eligible for this position:)

Are you eligible or receiving a pension? Yes No

Signature: _____

PLEASE RETURN THIS FORM WITH YOUR APPLICATION. INCLUDE A COPY OF YOUR DD214 FORM. Note: This claim will be separated from your application during the recruitment process.

▼ **Affirmative Action Applicant Information**

To All Applicants:

The following information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in validation of our selection methods. The information will not be maintained in personnel files and it will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position. Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the recruitment and selection of our employees for public service.

Name and Address: _____

Position Applying For: _____

Years of Experience in Related Position: _____

Hours requesting: full-time part-time
 seasonal part-time or seasonal full-time temporary part/full-time

Are you currently employed? Yes No

Level of Education Completed: High School Vo-Tech AA
 BA/BS Masters Doctorate

Instructions: Check the choice that answers each of the following questions.

What sex are you? Female Male

Date of Birth: _____ Place of Birth _____

What is your age group? Under 40 40-55 Over 55

Handicapped Status: Handicapped Not Handicapped

Veteran Status: non-veteran veteran Vietnam era veteran
 qualified disabled Veteran

Please mark the racial/ethnic group (s) you belong to:

_____ American Indian/Alaskan Native _____ African American
_____ Asian and Pacific Islander _____ Hispanic _____ White

Are you receiving welfare benefits? Yes No

How did you learn of this job opening? _____

NOTE TO APPLICATION PROCESSOR: Immediately detach this form and process separately.

Employment Verification Information

(Detach and Retain for your Records)

Attention Applicant

The U.S. government requires all employers to verify new employee's eligibility for U.S. employment and their identity. The City of Becker must decline to hire prospective employees if they fail to present adequate proof of their eligibility and identity.

As evidence of eligibility and identity, the government requires new employees to submit originals of one document from Group A or one document from each of Groups B and C.

If you are hired by the City of Becker, you must submit the required document(s) before you can begin employment. Please be prepared to provide these documents when requested by the City.

Group A

United States Passport
Certificate of United States Citizenship
Certificate of Naturalization
Un-expired foreign passport with attached unexpired Employment Authorization
Alien Registration Card with photograph

Group B

A state issued driver's license or I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.
U.S. Military Card
Other photo identification approved by the Attorney General

Group C

Original Social Security Number Card (other than a card stating it is not valid for employment)
A U.S. birth certificate issued by state, county, or municipal authority bearing a seal or other certification
Un-expired INS Employment Authorization